

City of Dublin Summer Camp



Emergency Information Form

Please complete all sections of the emergency information form. Please bring the completed form on the first day of camp.

PERSONAL INFORMATION (ONE CHILD PER FORM)

Child's Name:	_____ (_____) _____	Age: _____	Birth date: ____/____/____
	First Last Nickname		
Mother's Name:	_____	Cell phone	(____) _____
	First Last		
Address:	_____	Home phone:	(____) _____
	Street		
	_____	Work phone:	(____) _____
	City State Zip		
Email Address:	_____	Best number to call?	___cell ___home ___work
Father's Name:	_____	Cell phone:	(____) _____
	First Last		
Address:	_____	Home phone:	(____) _____
	Street		
	_____	Work phone:	(____) _____
	City State Zip		
Email Address:	_____	Best number to call?	___cell ___home ___work

CHILD'S 1 st LANGUAGE: _____	Does your child speak English? _____	Does your child understand English? _____
Siblings Name: _____	Age _____	Siblings Name: _____
Siblings Name: _____	Age _____	Siblings Name: _____
		Age _____

MEDICAL INFORMATION

Child's Physician: _____	Phone: (____) _____
Medical Insurance Carrier: _____	Insurance/Group Identification Number: _____
Allergies: (Please indicate "None" if no allergies exist) _____	

Please tell us if your child has any medical conditions, special dietary needs or restrictions, special needs, social, emotional, developmental, language, behavior concerns (i.e. - shyness, problems sharing, etc.), family or other issues that may present themselves? **(Please indicate "None" if no conditions or issues exist):**

Please tell us of your child's strengths and special interests:

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT (must include at least one)

Name: _____	Relationship: _____	Phone: (____) _____	Cell: (____) _____
Name: _____	Relationship: _____	Phone: (____) _____	Cell: (____) _____

I verify the above information is true and correct.

_____	_____
Signature of Parent or Guardian	Date